

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 120.00)

Complete if Known

| | |
|----------------------|---------------------|
| Application Number | 10/766,563 |
| Filing Date | January 26, 2004 |
| First Named Inventor | Darren R. Boisjolie |
| Examiner Name | H. R. Rose |
| Art Unit | 2163 |
| Attorney Docket No. | 69448-00020USPT |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 23-2426 Deposit Account Name: Winstead PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
 - 20 = x =

Multiple Dependent Claims
 Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 - 3 = x =

Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = | /50 | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One Month Extension 120.00

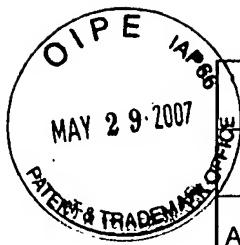
SUBMITTED BY

| | | | | | |
|-------------------|-------------------|--------------------------------------|-------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | L0067 | Telephone | (214) 745-5403 |
| Name (Print/Type) | Shoaib A. Mithani | | | Date | May 24, 2007 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 24, 2007

Signature: (Toni Watkins)



AMENDMENT TRANSMITTAL LETTER

Docket No.
69448-00020USPT

Application No.
10/766,563

Filing Date
January 26, 2004

Examiner
H. R. Rose

Art Unit
2163

Applicant(s): Darren R. Boisjolie et al.

Invention: METHOD OF PROVIDING ELECTRONIC MULTI-LAYERED FILTERING AND ACCOUNTABILITY

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|--|----------------------------------|--------------------------------|-----------------------------|----------|--------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 0 | - 20 = | 0 | x 50.00 | 0.00 |
| Independent Claims | 0 | - 3 = | 0 | x 200.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within one month | | | | | 120.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 120.00 |

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 23-2426 in the amount of \$ 120.00. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 23-2426 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Ross T. Robinson

Dated: May 24, 2007

Attorney/Agent Reg. No.: 47,031

WINSTEAD PC
P.O. Box 50784
Dallas, Texas 75201
(214) 745-5185

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 24, 2007

Signature: Toni Watkins (Toni Watkins)